

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF WISCONSIN

RUSSELL L. SINGLETARY,

Plaintiff,

v.

JAMES REED, M.D.,

Defendant.

Case Number 06-C-0323-C

DECLARATION OF DR. JAMES REED, M.D.

I, Dr. James Reed, hereby declare and state as follows:

1. I am employed by the Federal Bureau of Prisons as the Clinical Director at the Federal Correctional Institution in Oxford, Wisconsin ("FCI Oxford"). I have held this position since 1987, and have been licensed to practice medicine in the United States since 1985.
2. Among my official duties as the Clinical Director is the responsibility to oversee the administration of clinical care to inmates in FCI Oxford.
3. I make this declaration in response to the above-referenced lawsuit, wherein inmate Russell Singletary alleged I was deliberately indifferent to his medical needs, specifically in treating his pain and infection following surgery to remove colon polyps. I have reviewed Singletary's medical record maintained by the Bureau of Prisons, portions of which are included in Exhibit 2 to the declaration of Attorney Advisor Richard Hansford.
4. On October 7, 2003, Singletary signed up for sick call requesting renewal of a prescription for hemorrhoidal suppositories. I reviewed Singletary's request and wrote him a

prescription for a box of 12 hemorrhoidal suppositories with one refill (Medical Record, p. 33 ("MR ____").¹

5. On December 22, 2003, Dr. Muhammad Aslam diagnosed Singletary with rhinitis/sinusitis, hypertension, low back pain, and hemorrhoids. MR 33. Dr. Aslam advised Singletary that he will be "scheduled for a procto [proctosigmoidoscopy (inspection of the rectum)] in near future." *Id.*

6. On January 15, 2004, Singletary signed up for sick call complaining of occasional rectal bleeding. I prescribed hydrocortisone suppositories and Tylenol #3 for informed the plaintiff that a proctosigmoidoscopy would be performed in the near future. MR 28.

7. On February 19, 2004, Singletary was seen by Physician Assistant Fuentes with complaints of hemorrhoids and headache. PA Fuentes prescribed suppositories and Tylenol #3 for pain. MR 27.

8. On March 17, 2004, a proctosigmoidoscopy was performed within the institution by Dr. Mohammad Aslam. The examination revealed Singletary had a rectal-sigmoid polyp, moderate internal hemorrhoids, and a posterior anal fissure. Dr. Aslam submitted a consult requesting a colonoscopy and a polypectomy. MR 25-26.

9. On April 7, 2004, Singletary signed up for sick call requesting a renewal of chronic care medication. Singletary informed me that he was under a considerable amount of stress but did not mentioning any symptoms related to his rectal problem. I checked Singletary's blood pressure and instructed him to have his blood pressure rechecked the following week at a

¹ References are to the portions of the plaintiff's medical record attached as Exh. 2 to the declaration of Richard Hansford filed under seal.

sick call appointment. I wrote a prescription to renew Singletary's chronic care medications for 90 days. MR 23, 57.

10. On April 23, 2004, I again saw Singletary at sick call. Because he reported that ibuprofen was ineffective in treating his lower back pain I prescribed amitriptyline and instructed him to return to the clinic if it did not work. He did not mention any symptoms related to rectal bleeding. MR 21, 56.

11. On June 15, 2004, Dr. Jeffrey Andreini performed a colonoscopy at Mercy Medical Hospital in Oshkosh, Wisconsin. The colonoscopy was performed without any complications and a polyp was removed. MR 19, 40-42.

12. Dr. Andreini's post-operative diagnoses were; 1) rectal polyp removed; and 2) diverticulosis. MR. 40.

13. Dr. Andreini noted that if the biopsy showed that the polyp was adenomatous (benign), a follow-up colonoscopy in five years would be recommended. MR. 41.

14. Dr. Andreini's discharge instructions did not included prescriptions for pain management or antibiotics following the coloscopy, but instructed Singletary to not use "aspirin products for 7 to 10 days. You may use Tylenol." MR. 45.

15. The biopsy report, by Dr. Robert Bernstein, indicated that the polyp was "hyperplasic," (non-cancerous) with "no atypia" identified. MR 42.

16. On June 16, 2004, when Singletary returned to the institution following the colonoscopy procedure, he voiced no complaints to me. MR 19.

17. On July 14, 2004, Singletary stopped me in the institution stating that his antihypertensive medications needed to be renewed. I wrote a renewal prescription informed him to make a sick call appointment for renewal of chronic care medications. MR 17-18, 56.

18. On October 3, 2004, Singletary made sick call requesting routine medication refills and complaining of painful hemorrhoids with occasional blood on toilet paper. Physicians Assistant R. Hickman ("PA Hickman") performed a rectal examination which revealed a small hemorrhoid. A prescription was written for hemorrhoidal rectal suppositories and for renewal of Singletary's chronic medications. MR 15-16.

19. On December 20, 2004, Singletary was seen on sick call by PA Hickman. Singletary complaining of rectal bleeding and painful lesions on his buttocks and perianal areas that had appeared "10 days ago." PA Hickman performed a digital exam which revealed spontaneous drainage from a sinus tract located at the perianal area. A prostate exam revealed a mild enlargement without nodules. There was also a "non-thrombosed hemorrhoid" present. PA Hickman appropriately prescribed: 1) sitz soaks four times a day as needed; 2) Cephalexin, an antibiotic, for infection involving the perianal area; 3) a hemorrhoid suppository cream; and 4) a mineral oil. Singletary was provided a plastic sitz basin for sitz baths. MR 13-14, 47, 55.

20. On December 25, 2004, PA Hickman placed Singletary on "medical convalescence until 1/1/05." MR 49.

21. On January 6, 2005, Singletary made sick call complaining of continuing drainage from the perianal area. PA Hickman examined Singletary and found a persistent tender perianal sinus tract and limited Singletary to medical sedentary duty through July 6, 2005, including no bending over and no lifting over 15 pounds. MR 12, 48.

22. On January 6, 2005, PA Hickman submitted a routine general surgery consult for further evaluation of a perianal sinus tract. MR 39.

23. On January 31, 2005, Singletary complained of blood from his rectum on toilet paper. PA Hickman performed a digital rectal examination revealing a "nominally tender

perianal hemorrhoid" and drainage from the perirectal area. The plaintiff was instructed on perianal hygiene and peripads were provided to him. MR 11.

24. On February 10, 2005, Singletary again complained of bleeding from rectum. On examination PA Hickman observed drainage from the perianal area, informed Singletary that a general surgery consult was pending and issued Singletary a prescription to renew hydrocortisone cream. MR 10.

25. On March 2, 2005, Singletary was seen at FCI Oxford by Dr. Walz, a general surgeon, for an evaluation of persistent recurrent drainage in the perianal area. Dr. Walz diagnosed a perirectum fistula and recommended a rectal fistulotomy be performed at a local community hospital in the operating room. MR 11, 39.

26. On March 2, 2005, I placed a consult for "repair [of] perianal fistule" in accordance with Dr. Walz's recommendation. MR 43.

27. On August 9, 2005, Dr. Walz performed a fistulotomy at Columbus Community Hospital in Columbus, Wisconsin, without complications. Dr. Walz administered OxyContin for post surgical pain. MR. 37, 43.

28. Dr. Walz's discharge instructions recommended pain medications, Percocet or Vicodin, topical ointment and a stool softener. MR 44.

29. When Singletary returned to FCI Oxford Singletary expressed no complaints and I prescribed Tylenol #3 (a narcotic pain medication similar to Vicodin) for pain and ducocet for a stool softener. I also submitted a consult requesting that Singletary be seen by the general surgeon for follow-up post-operative examination at the next scheduled general surgery clinic at the institution. MR 3-4, 38.

30. On August 16, 2005, Dr. Walz noted that Singletary reported "little pain" and observed that the surgical site was "healing nicely" although it was "too soon to examine digitally." MR 3, 38.

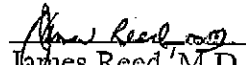
31. On August 31, 2005, Singletary was again seen by Dr. Walz. Singletary had no complaints of pain. Dr. Walz noted that Singletary was "still healing, seems well." MR 2.

32. At no time did I withhold pain or antibiotic medications recommended by FCI medical staff or consulting surgeons.

33. Singletary's perianal fistule that was first observed in December 2004, was not a result of the colonoscopy performed by Dr. Andreini in June of 2004.

I declare, under the penalty of perjury, pursuant to 28 U.S.C. § 1746, that the foregoing is true and correct.

Executed this 22 day of February 2007, in Oxford, Wisconsin.


James Reed, M.D.
Clinical Director
FCI Oxford